South Dakota
United We Ride Report

Introduction

South Dakota has a total of 24 public transit providers serving all people – regardless of physical limitations, age, or economic situation – in 211 communities throughout the state. These public transit systems are funded with money from rider fares, donations, federal funds, state funds, city funds, county funds and private contributions. Public transportation in our state is made possible through the cooperative effort of many people and agencies.

South Dakota has two urban transit providers. Rapid Transit System, located in Rapid City, has 10 fixed routes running throughout the city – Monday through Friday from 6:30 a.m. to 6 p.m. Sioux Falls Transit provides fixed route service on 11 fixed routes serving most areas of Sioux Falls and 4 limited routes serving the three public high schools and Southeast Technical Institute. Service is provided on most routes Monday through Saturday. Paratransit service is also offered in both Rapid City and Sioux Falls for those who qualify under the Americans with Disabilities Act.

Under the administration of Governor William J. Janklow, the South Dakota Coordinated Transportation Initiative was implemented and carried out. The focus of this initiative was to work in identified communities towards increased coordination of transit services. A team of individuals from various State agencies and organizations, as well as key community stakeholders, met within these communities to develop a plan of action designed to move towards increased coordination of available transit services. Beyond that effort, the initiative also called together key stakeholders on the State level to meet regularly and work on ways of strengthening and broadening coordination efforts through activities and policies.

In 2000, as the initiative was drawing to an end, a tour of various communities was completed to assess what difference transit services were making in the lives of South Dakotans. This tour involved meeting with a wide cross section of local community members to gather their feedback. One major finding was that coordination was beginning to happen to varying degrees within these communities.

Coordination efforts have continued since that time, both on a state and local basis, yet there has not been any recent statewide assessment of those efforts, nor of how community members feel about available transit services within their communities. The "United We Ride" grant provided a catalyst for the completion of a new assessment of available services, with specific emphasis on how these services are meeting the needs of persons with disabilities, persons of low income and persons who are senior citizens.

The major activities carried out under the United We Ride grant were:

- ⊃ Surveys of key State level stakeholders i.e., Departments of Social Services, Health, Labor, Human Services, Transportation, Dakota Transit Association utilizing the Framework for Action Self-Assessment Tool for States.
- ⊃ Surveys of community members i.e., transit providers, community rehabilitation programs, centers for independent living, agencies providing social and human services at the local levels using the Framework for Action Self-Assessment Tool for Communities.

⊃ Surveys of community transit providers focusing on types of funding streams accessed to support services and identification of board configurations.

⊃ Reviews of reported South Dakota DOT data from transit providers statewide with specific focus on items such as passenger characteristics and types of trip purposes.

⊃ Face-to-face conversations with a variety of community members in several communities throughout the state i.e., people who are senior citizens, local human service providers, persons with disabilities, business leaders and people of limited income.

⊃ Participation on the Sioux Falls "Accessible Transit for All" study group.

Following are summaries of the outcomes of these activities.

Surveys of State Level Stakeholders

At the start of our "United We Ride" activities, we hosted a meeting of state level stakeholders in order to explain planned grant activities and to share with them the "Self-Assessment Tool for States." Participants took the survey instrument back to their respective departments and agencies and returned them within a couple of weeks.

A total of 14 completed surveys were returned with 12 coming from the Department of Human Services and one each from the Departments of Transportation and Social Services. The Departments of Human Services and Health returned two partially completed surveys. The key finding from these survey responses was that the majority of respondents indicated that there is a "need for action" or "significant action" on a State level in the six areas contained within the self-assessment tool for states:

⊃ Making Things Happen by Leadership and Partnership – 77.6%
⊃ Taking Stock of State Needs and Moving Forward – 81.9%
⊃ Putting Customers First – 87.5%
⊃ Adapting Funding for Greater Mobility – 81.7%
⊃ Technology Moves Coordination to Next Level – 67.3%
⊃ Moving People Efficiently – 46.7% (an additional 26.6% responded "needs to begin")

(For specific survey results see Attachment 1.)

It appears that since the conclusion of the South Dakota Coordinated Transit Initiative in 2000, scheduled meetings at the state level focusing on transit needs have not occurred regularly. Meetings of some key stakeholders routinely occur i.e., Departments of Transportation and Social Services, since for some time they have been using a shared application process for the awarding of transit funds available through both agencies. The involvement of other state level stakeholders has not evolved to the same degree thus far, yet respondents believe this would be a positive effort to pursue in working to utilize all available resources to meet the greatest amount of need possible.

Additional needs brought forward by key state level stakeholders during the initial meeting were:

‐ Available transit services often are not able to fully meet the needs of workers and their children who need to rely on these services i.e., hours limited thus a person may be able to get to work but not return home using transit services.

‐ Transit needs on reservation lands are very great and services are very limited or non-existent in most of these areas. Some participants had knowledge of two tribal entities in South Dakota receiving sizeable grants for transit services, but little knowledge of what was happening with these funds existed within the group.

‐ Other community agencies i.e., community rehabilitation programs, nursing facilities, veterans organizations, faith-based organizations which have vehicles, appear to have limited coordination with transit providers within their communities in regard to the usage of these resources and how they might compliment existing transit services.

‐ Within communities, which have transit services available, many needs are met; yet if a person needs to go outside the community i.e., medical specialist, often there are very few options available for transportation to and from those appointments.

Surveys of Community Members

A total of 31 surveys were returned with varying levels of completion. They were returned from specific communities, as well as from countywide systems and systems serving multiple communities within a catchment area. The community size represented by the respondents ranged from a few hundred people to our state's largest metropolitan community. The key finding from these survey responses again showed a "need for significant action" or "action" on the community level for five of the six key areas. The level of responses calling for this type of action was not as high as that of the state level responders:

‐ Making Things Happen by Leadership and Partnership – 61.1%
‐ Taking Stock of State Needs and Moving Forward – 63.0%
‐ Putting Customers First – 57.6%
‐ Adapting Funding for Greater Mobility – 55.8%

For "Moving People Efficiently," only 39.2% reported "needs significant action" or "action," while 45.8% reported "done well." This level of response is most likely founded on the fact that these respondents are on the "front lines" of the communities and have direct contact with the services and people benefiting from them.

Additional comments brought forward in these surveys were:

‐ A group of agency, community, and transportation leaders have been meeting on a regular basis but much work still needs to be done. Specific goals need to be addressed and movement forward needs to be made.

‐ Efforts are being made to put customers first. Consumers have opportunities to voice their concerns at board and advisory council meetings.

- Coordination needs to be done.

- Services need to be expanded for persons with disabilities. Currently there are no services for wheelchair users in the evenings or on weekends.

- Board of directors is composed of a cross-section of society. Provides services to many communities in the area.

- The cost of transit is prohibitive for some. Without 24-hour service – some alternative form of transportation is required – hence making it less expensive to utilize staff already employed and vehicles already used.

- Generally people are satisfied with transportation that is available. I'm not surprised people express the need for additional <u>free</u> transportation (who wouldn't?). This must be balanced with the reality of keeping people and vehicles on call for a public system.

- The current philosophy of human services is to disperse people with disabilities throughout the community. This may increase the need for transportation from diverse locations.

- Our agency is working with the transit provider to coordinate transportation by training people we serve as travel trainers. I think we're making progress in this area. Our goal is to get travel trainers going this month.

- As part of a working group to coordinate transportation, I feel we've done well.

- I make many presentations both giving information and requesting money. This includes cities, counties and United Way boards. Many of our board members are also active in their communities.

- Reporting from human service agencies and willingness to coordinate the use of vehicle resources are concerns.

- We are continually evaluating available services and making service changes.

- Our computerized dispatch is being used in all communities we serve. It gives us a good database for riders and funders.

- Human service agencies continue to use their agency vehicles rather than contracting with transit. We will be building a new center that we hope all community non-profits can use for maintenance.

- This analysis almost points doom and gloom – but feel we are in a better frame than this. We have begun the implementation of dispatch software, developed positive relationships with county, city, colleges/technical institutes, social service agencies, nursing facilities, United Way, community rehabilitation programs, etc. Coming from a severe negative, we do see progress.

- Looking forward to working on a community plan in a more extensive manner.

- Significant improvement and progress has been made over the past two years but there is still a ways to go.

- Again, significant progress has been made, but there is a need for more formal assessments and evaluations.

- GPS and On Board Scheduling computers installed.

- 24-hour dispatch established.

- Regional coordination surveys and training completed in January of this year.

- Coordination contracts in place with community rehabilitation programs, after school programs, surrounding smaller communities, etc.

- We are doing well in this area. Survey report will be available about April 1st.

- We are just now surveying transit providers to get a community profile. We are asking groups to come to the table and talk about coordination – vehicles, fuel, repairs, maintenance, central dispatch, insurance, etc.

- I know of cases where additional services would have been a great benefit to individuals with disabilities.

- This area needs attention if demand is large enough. I have not been asked by any agency about the needs of the consumers I work with. With this in mind, I assume the questions should be asked.

- With a small, rural economy/population, the need is there, but at what level is unknown.

- In our community – we are the only source of transportation offered – no other entity is here to coordinate with. So all in all our program is doing well for what we have to offer.

- I feel we have a very good transportation service in our community, but there is always room for improvement. We strive to make changes as needed and find what the community needs are.

- As a transit agency we have an advisory board, do community surveys and do public relations with city council, churches, nursing homes, etc. Have not done public meetings on transportation needs.

- We are a rural transportation system. We use flyers, radio and local papers to communicate services available as well as the drivers and public word of mouth.
- Our data is collected and sent to the state for their use in accessing programs and needs in rural communities.

- We have good phone communication with our passengers, and a dispatcher who handles the phone and radio.

- Our community is exceptional in our coordination efforts. As we have only one transit system, other than the school and a veteran's organization van, the following entities use our services – Headstart, nursing home and clinic, meal delivery program, churches, preschools and daycares.

- We may not be doing all the things that you have listed in the questions, but as a whole I feel we have a very good and caring transit system.

- I feel we are doing the best we can at this time with commissioners from all parts of the county and the auditor on our board. We have four towns in our county, and they are all included in our schedule. Most of the questions that are in the questionnaire don't pertain to our system as we travel out of town for most of our trips.

- I am not aware of any coalition building regarding shared interests and needs of consumers within the various agencies in this area… That doesn't mean it's not happening…just that one of the larger agencies is not aware of it happening.

- Is definitely an issue that is discussed within our agency, but we have not gone further than that.

- This rating is only for our local bus system. It does well given its scope of service, but many needs lie outside that scope.

- I am not aware of anything of this sort in our community… Again, that doesn't mean it's not happening.

- Still a lot of unmet need.

- We have a lot of untapped potential.

- Rating only applies to locations within the city limits – needs to reach areas outside this area to meet needs of people of low income, people with disabilities and senior citizens.

In reviewing the survey results and the comments noted above, what becomes evident is that even though there are some recurrent themes, the realities of each community vary widely in terms of the amount of coordination which occurs, the level of unmet need and the community perception of available services. Consequently, any resulting recommendations addressing larger systemic issues, most likely will need to be individualized for each community or service area if they are to e effective in meeting the identified needs.

Surveys of Community Transit Providers on Funding Sources

Thirteen transit providers submitted input on the types of funding they access in support of their services. (Note: The two metropolitan communities of Sioux Falls and Rapid City were not included in this survey.) Those reporting represent very rural areas, as well as some of the state's larger communities. In addition, some systems provide services to outlying communities from a

hub site. Following is a breakdown of key available funding streams and the percentage reporting accessing these sources:

Transit Funding Source	Percentage Reporting Use of Source
DOT/Capital Improvement/FTA	76.9%
DOT/Elderly & Persons with Disabilities	69.2%
DOT/Job Access Reverse Commute (JARC)	0%
DOT/Non Urbanized Formula (Rural)	76.9%
DOT/Urbanized Formula	0%
DOE/Assistance for Education for All Children with Disabilities	23.1%
HHS/ACF Community Services Block Grant Program	0%
HHS/ACF Head Start	30.7%
HHS/ACF Social Services Block Grant	0%
HHS/ACF State Councils on DD	0%
HHS/ACF Temporary Assistance to Needy Families (TANF)	15.4%
HHS/AoA Grants for Supportive Services and Senior Centers	53.8%
HHS/AoA Programs for American Indian, Alaskan Native and Native Hawaiian Elders	0%
HHS/CMS Medicaid	84.6%
HHS/HRSA Community Health Centers	0%
HHS/HRSA Healthy Communities Program	0%
HHS/HRSA/HIV Care Formula	0%
HHS/HRSA Rural Health Care Network	0%
HHS/SAMHSA Community Mental Health Services Block Grant	0%
HUD/CPD Community Development Block Grant	7.7%
HUD/CPD Housing for Individuals with AIDS	0%
HUD/CPD Supportive Housing Projects	0%
DOL/ETA Job Corps	0%
DOL/VET Homeless Vets Project	0%
VA Homeless Provider Grant	0%
VA Medical Care Benefits	0%

Six community transit providers reported a variety of other funding sources being accessed in support of their services. They are receiving financial support from some of the following:

- ⊃ County government
- ⊃ City government
- ⊃ Faith-based organizations
- ⊃ Nursing facilities

- ⊃ After school programs
- ⊃ Community rehabilitation programs
- ⊃ Meal/nutrition site programs
- ⊃ Vocational rehabilitation
- ⊃ Foster grandparent program
- ⊃ Alternative school
- ⊃ Public school system
- ⊃ Career learning center
- ⊃ University
- ⊃ Medical center/hospital

A review of this information shows that the majority of transit providers are accessing three or four main funding sources that are part of the traditional picture of transit service funding. Recognizing that on the federal and state levels many avenues of funding exist that might support transit services for people needing them to access community life, there appears to be a need to educate people within the system on the availability of potential funding sources and the people for whom these sources are designed to meet their transit needs. Such education would seem to potentially hold value at local community level and the state level, as all work to leverage existing funding in ways that increase the outcomes.

Review of Transit Data

The South Dakota Department of Transportation compiles an annual report on rural public and specialized transportation services. In reviewing these reports from 2000 – 2004 it was noted that total ridership has increased annually during this timeframe. In 2000 the total number of rides reported was 1,002,963. In 2006 the total number of rides had grown to 1,442,251 or an increase of 439,288 or 43.8%. These reports also showed the following passenger characteristics:

Passenger Characteristics	Highest Percentage (Year)	Lowest Percentage (Year)
Elderly	40.0% (2000)	32.7% (2006)
Persons with Disabilities	32.2% (2001)	20.9% (2006)
Youth	25.0% (2005)	22.2% (2001)
General Population	21.8% (2006)	6.3% (2001)

The data within these annual reports also examines the types of trip purposes. In reviewing these reports for the same five-year period, they show:

Trip Purpose	Highest Percentage (Year)	Lowest Percentage (Year)
Medical	13.4% (2000)	11.4% (2006)
Employment	23.0% (2001)	19.7% (2004)
Nutrition	13.0% (2001)	11.0% (2003)
Social/Recreational	12.4% (2004)	9.0% (2001)
Education	28.2% (2004)	24.5% (2006)
Shopping/Personal	11.6% (2005)	10.4% (2004)
Other	9.2% (2006)	5.0% (2001)

These statistics provide a couple of snapshots into the bigger picture of rural and specialized transit services. Generally speaking, many of the smaller transit operations have limited, if any, evening and weekend services. This reality definitely impacts the trip purpose areas of social/recreational and employment. Whereas, trips for the purpose of medical appointments, most educational endeavors, nutrition sites and shopping often can be worked into the available hours of service.

When we examined the data for some of the larger communities i.e., Aberdeen, Mitchell, Brookings, Huron, Yankton, Vermillion, Madison, Watertown and Pierre/Ft. Pierre (estimated populations raging from 12,000 to 24,500), a different picture comes in view. The data referenced for these communities is from 2000 through 2006.

In terms of types of riders, based upon actual number of rides, communities of these sizes have seen a significant increase in the number of elderly riders. There has also been steady growth in the areas of persons with disabilities, youth and other members of the general public utilizing the services.

In terms of types of riders, based upon percentage of total rides, elderly riders hit its highest rate in 2000 and has decreased in all years except for an increase from 2004 to 2005. Persons with disabilities were at its highest percentage in 2001 and have decreased each year since. Youth has remained fairly stable during the reporting period, and other general population riders have shown a significant increase since 2002.

Passenger Characteristics	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
Elderly	191,580	183,180	184,902	206,816	212,946	419,567	471,300
Person with a disability	99,026	184,521	198,257	235,015	248,381	283,893	301,958
Youth	123,175	138,189	157,016	169,573	221,036	300,178	354,655
General Public	43,094	21,022	39,795	65,099	85,355	196,777	314,338

Passenger Characteristics	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
Elderly	41.9%	34.8%	31.9%	30.6%	28.8%	34.9%	32.7%
Person with a disability	21.7%	35%	34.2%	34.7%	29.7%	23.6%	20.9%
Youth	27%	26.2%	27.1%	25.1%	26.4%	25%	24.6%
General Public	9.4%	4%	6.8%	9.6%	11.6%	16.3%	21.8%

In terms of types of trip purposes, significant shifts have occurred in several categories. We believe one factor contributing to these shifts in numbers is changes in hours and days of service, which several operations have incorporated during the reporting timeframe. A second contributing factor is that the systems have evolved into public systems, and enough time has passed that community members now view it as such.

Trip Purpose	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
Medical	68,456	80,804	87,167	103,965	112,888	149,339	164,933
Employment	118,689	148,862	165,411	197,268	192,656	246,249	297,098

Nutrition	26,447	32,031	29,236	28,974	46,958	152,587	158,130
Social/Recreational	35,217	42,850	56,191	70,938	112,805	140,322	170,033
Education	145,509	153,124	167,021	178,751	214,964	298,281	353,548
Shopping	50,377	53,593	55,781	67,408	87,742	139,308	165,745
Other	13,180	15,738	19,163	29,199	62,167	74,329	132,764

Trip Purpose	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
Medical	15%	15.3%	15%	15.4%	15.3%	12.4%	11.4%
Employment	25.9%	28.2%	28.5%	29.2%	23%	20.5%	20.6%
Nutrition	5.8%	6.1%	5.1%	4.3%	5.6%	12.7%	11%
Social/Recreational	7.7%	8.1%	9.7%	10.5%	13.5%	11.7%	11.8%
Education	31.8%	29.1%	28.8%	26.4%	25.7%	24.8%	24.5%
Shopping	11%	10.2%	9.6%	9.9%	10.5%	11.6%	11.5%
Other	2.8%	3%	3.3%	4.3%	7.5%	6.2%	9.2%

Face-to-Face Conversations

Gathering input directly from community members continues to be one of the best ways to gather information on what's happening within a community. By holding informal conversations with a wide variety of community members, we were able to learn about the level of satisfaction with current services, the value placed upon available services and what gaps or needs presently exist. These conversations were held in the communities of Mitchell, Brookings, Yankton, Watertown, Aberdeen, Rapid City and the northern Black Hills.

While in the various communities we spoke with riders, including people of low income, people with disabilities and elderly. We also spoke with personnel of agencies providing vocational rehabilitation services, independent living services, economic assistance programs, local business community members, community rehabilitation programs and social services. Even though each community has distinct demographics and needs, some common outcomes resulted from these conversations. They were:

Rider Comments:

- ⊃ Appreciate current services, and they would be sorely missed if not available.

- ⊃ Cost is not a concern for elderly, since they can ride most systems on a donation basis.

- ⊃ Cost is a barrier for some on fixed incomes – low-income and/or people with disabilities, even though all recognize that providers do their best to keep the cost reasonable.

- ⊃ Lack of evening and weekend services is a barrier to employment for some – individuals have not been able to accept a position because transit services were not available when needed to meet their work schedules.

- ⊃ Drivers are generally very helpful and respectful of riders.

- ⊃ Wait time for pick-ups after an appointment on occasion become fairly lengthy.

- Seems that during those times when youth – school children – are being transported, services are not truly available to others who may need them at the same time for employment or other reasons.

- The advance notice can be a problem when a person faces an unexpected need i.e., wakes up ill and needs to get to a doctor. Most systems work very hard to meet these needs, but it is not always possible to do so.

- Often seems vehicles have few people on them. Wondering if smaller vehicles could be used at those times or if there is a way to band some rides together so more people go at one time i.e., a trip specifically for people wishing to go to a shopping site every Tuesday and one vehicle assigned to pick up all who register to do so.

- Do not feel there is a mechanism to provide input into the services, nor an easy way to learn about changes within the system i.e., change in schedule, cost.

- Important to provide a means 24-hours a day by which people can reach someone or leave a message concerning changes in their transit needs i.e., answering machine during hours when staff is not present.

Agency Comments:

- Unaware of any systemic and regular approach to needs assessments within the community, which would help to promote coordination between agencies.

- Initial concerns of mixing various populations on public transit have not come to pass (an issue raised often at the time of the SD Coordinated Transportation Initiative); i.e., people with disabilities, youth, and elders.

- Local agency (state) offices purchase transit tickets/passes on a limited basis for some of the people they serve i.e., TANF, vocational rehabilitation, social services. Various funding sources are used to do this – federal/state and others such as donations and monies raised through charity events i.e., jeans days.

- Transit providers in some communities meet regularly with agencies who serve many of their passengers i.e., community rehabilitation programs, social services, labor. Others do not. The majority of interviewees felt it would be beneficial if such meetings could occur on a regular basis.

- Human service agencies, which maintain a fleet of vehicles, still use their own vehicles and staff to meet the majority of their customer transit needs.

- There is a need to provide "travel training," and it is something that can be provided by transit operators, agency personnel or a combination of both. Often it will need to be individualized based upon the person's abilities and needs.

Transit Provider Comments:

- Many are having significant difficulty hiring qualified drivers due to competition with other community employers and the struggle to provide competitive compensation and benefits.

- Communities, which have private transit providers i.e., taxi service, face unique challenges in operating their services and in explaining to the public why their service is different than that in another similar sized community.

- Some passengers have difficulty remembering to have their tickets/passes available and this causes problems for the drivers.

- Service expansion most often called for by community members are evening hours and weekend service, where such does not presently exist.

South Dakota's Metropolitan Communities

South Dakota's two metropolitan communities are Rapid City (estimated population of 59,600) and Sioux Falls (estimated population of 125,000). Both communities have fixed route systems, as well as complimentary paratransit systems. Due to their size and the nature of transit services in their communities, they receive the majority of their funding directly from FTA and other federal sources. During the earlier statewide coordination initiative, these communities were not a part of the work activities. During this recent process, a commitment was made to gather information from both of these communities.

During the project period, staff participated on a study group in Sioux Falls with the charge of developing recommendations to best utilize the funding available for Sioux Falls' public transportation, both fixed route service and paratransit service, in the most efficient and effective manner to provide services to the maximum number of people based on each person's functional abilities. These recommendations were then passed on to the Sioux Falls Public Transit Advisory Board.

In regards to the community of Rapid City, input was gathered from face-to-face conversations with various community members i.e., community rehabilitation programs, centers for independent living, staff of public assistance agencies – Departments of Social Services, Labor and Human Services. There were also conversations with individuals who utilize available services.

A key struggle within these communities is the playing of one service against the other i.e., fixed route needs vs. paratransit needs. Consensus was that it is important to find ways to carry on the conversation and assess needs on a community basis rather than one of general population vs. those who must rely on public transit for community involvement.

Another item of consensus was that if fixed route bus stops were consistently designed and placed, providing greater protection for those using them, then there would be greater potential for a wider variety of people to use fixed route services.

Generally, people believe that service levels between fixed route and paratransit should be fair and equitable with the same service hours. Yet when attempts are made to implement this type of

approach, it is difficult for many who see it as a lessening of services for some and an expansion of services for others.

In both communities, growth has resulted in areas outside of the transit service areas, which often house people of lower income due to lesser cost of living in these areas. Also, with community growth medical services often move to newer locations, which again are not included in existing service areas.

Consensus Items

Generally speaking consensus existed on key points in communities statewide. First, the transit services are highly valued and have evolved in a positive direction over the past several years. Second, it would be a major barrier for many individuals seeking to participate in community life if current services were not available. Third, there continue to be groups of people who still struggle with making the available services work for them i.e., getting to and from work; getting children to and from school and/or childcare. Fourth, coordination does occur when a specific need arises within a community, and it is brought to the attention of the community. Coordination, as a part of planning, does not seem as well grounded in the communities. In fact, attention dedicated to planning beyond meeting immediate needs seems to be uncommon in most communities, yet this activity is one that the majority of respondents believe would be beneficial for the entire community. Fifth, community agencies with vehicles continue to provide the majority of needed transit support services to those they serve, with limited coordination with the public transit agency. One barrier to increased coordination between these entities is the reality that each system gathers data in a different matter, and at times it is very difficult to pull transportation specific costs out of reported data.

Action Steps

- ⊃ DOT will coordinate regular meeting at the state level involving other state entities, public and private, that serve the targeted populations. These meetings will be focused on
  - o Provision of updates on currently available transit services;
  - o Identification of existing funding sources and ways to leverage resources;
  - o Identification of new potential funding sources and their impact on the provision of transit services; and
  - o Identification of unmet needs.

- ⊃ DOT will contact state level veteran related agencies, private and public, and invite them to participate in transit coordination efforts at the state and local levels.
- ⊃ Explore the possibility of bringing Easter Seals Project ACTION staff into South Dakota to work with a specific number of community teams to develop coordination plans for their specific communities.

- ⊃ Meet with Department of Social Services leadership to develop a means by which transit rides can be dropped directly into the Medicaid system, as a means of increasing efficiency and lessen time dedicated to processing of payment for these rides.

- Encourage community transit providers to develop and implement at least one public input meeting annually, as one means of providing riders and others with the opportunity to share input into services and to learn about the operation of services.

- DOT will gather examples of "travel training" approaches and share them with community transit providers. Transit providers will be encouraged to develop and implement a travel-training program, if one doesn't currently exist, that will ensure an individualized approach will be utilized for passengers needing such training.

- DOT will support community transit providers in developing and implementing a needs assessment process, which will result in a boarder picture of community transit needs and potential approaches to meeting those needs.